

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

Vol. II.]

TUESDAY, DECEMBER 29, 1829,

[No. 46.]

I.

DISCOVERY OF A NEW SPECIES OF
INGUINAL HERNIA.

SUCH is the heading of a case, such the burthen of many preliminary observations from the reporter, in the *Journal Hebdomadaire*. Our readers no doubt will stare at the announcement, after all the laborious dissections and labored descriptions that already conspire to bother the brains of our young aspirants to collegiate diplomas. But so it is, and it only remains to narrate the case, that is thus destined to swell the present dread array of minutæ in the history of hernia.

The subject, to our honor be it spoken, was an English groom, æt. 27, admitted into hospital on the 1st of June, with an oblong tumor, the size of a couple of fists, extending from the left inguinal ring to the bottom of the scrotum. The skin was red and tense; pressure was painful, and exasperated a fit of colic, which distressed the patient; constipation; vomiting of bilious matter; small and frequent pulse; cold moist skin. He had been subject for five years to a hernial tumor in the groin, which would seem to have never entirely returned, and for which he wore no truss. On the 31st of May, after violent exertion, he experienced sharp pain in the tumor, which soon became hard, enlarged,

and painful to the touch, and colic and nausea quickly succeeded. Between the first occurrence of these symptoms and his admission, attempts at reduction had been made without success.

The warm bath twice repeated, bleedings from the arm, and two tobacco enemata, were prescribed, but no amendment was found on the 2d, and the operation was performed. The sac contained an enormous mass of omentum, with a loop of intestine six or eight inches in length at its posterior part. The omentum was sound, the intestine of port wine color, but elastic, firm, and covered with lymph. The stricture was divided directly upwards, but on trying to reduce the gut, it returned as if by a rebound, and this part of the operation was only concluded after tedious, difficult, and painful efforts. What was now to be done with the omentum? excise it, or leave it where it was? M. Blandin determined on the latter; and after a proper dressing, an enema, and a bleeding, the business was at length completed.

No stool, however, succeeded (a *primâ facie* proof that a stricture remained), and on the 3d we find the patient worse in every respect. The omentum now presented blackish-brown patches, and the belly was the seat of pain. A castor oil enema, thirty leeches to the abdomen, and emollient fomen-

tations, were tried in vain, for the patient continued to sink, and died that afternoon.

Dissection, on the morning of the 5th.—Peritoneal inflammation, with sero-albuminous effusion into the abdomen;—almost the whole floating portion of the omentum in the sac; and the transverse arch of the colon dragged down, and held in contact with the abdominal parietes in the groin. On opening the inguinal canal from above, and drawing out the omentum, the intestine that had been thought to be returned, was found lying in the canal itself, and occupying a *cul-de-sac*, situated at its upper and internal part, and “formed by the hernial sac depressed on this side.” In endeavoring to account for this appearance, it was quickly perceived that the protruded parts had passed out by a laceration (*érraillement*) of the fascia transversalis, situated about two lines behind and above the internal ring, or superior orifice of the inguinal passage; that having passed through this laceration, they had then become lodged in the canal, and had extended both downwards to the scrotum, and upwards to the internal ring, producing, by this double course, a double depression or *cul-de-sac* in their peritoneal envelope. This disposition of the hernia explained the difficulty of reduction, as the gut, during these efforts, instead of passing back through the slit in the fascia, was thrust up into the summit of the inguinal passage. It also seems to us that the laceration itself, through which the rupture took place, could not have been divided to any extent, if at all, or the parts would still have been returned, though probably not with such ease as under ordinary circumstances.

It is evident that the above was only a species of *direct* hernia, after all; not occurring, as usually happens, in the weak part opposite the outer ring, or in some other portion of the abdominal parietes, where nature or accident opens the way, but *into* the inguinal canal. Of course, there is no reason why this description of hernia, always an anormal occurrence at the best, should not take place here as well as elsewhere; but still we are not aware of any authentic or specific case of the kind, except the present.—*Medico-Chirurg. Review.*

II.

CURIOUS CASE OF ASCENDING PARALYSIS; WITH THE APPEARANCES ON DISSECTION.

CHARLES L., 35 years of age, robust, and in the military profession for fourteen years, during which he had served in the Russian and Spanish campaigns, and consequently been exposed to great fatigues and vicissitudes of climate. In June, 1826, he first perceived that his legs readily bent under him, and that he could not easily raise himself up from the sitting posture. In other respects, he had no complaint. In about a fortnight after this, he began to feel numbness in his feet, which gradually ascended towards the knee. But while the surface thus lost its sensibility, the muscles beneath became the seat of acute pain, which was much exasperated by pressure. He had been a month confined to bed in this state, with nearly loss of all power in the lower extremities, when he perceived a numbness invade his hands. The progress was exactly similar to that in the inferior members; and he

was seen by the narrator on the 22d of September, of the same year. He was now completely paralytic, excepting the tongue, the face and the neck. These last became gradually affected. He had never complained of pain in his head, nor of any part of the spine; nor did the most rigid examination detect any physical lesion in this last organ. His general health was good,—his intellects perfect. He attributed his disease to rheumatism, contracted during his bivouacs in Spain. He made water voluntarily, and had a daily evacuation from the bowels. He slept and ate well. The skin was nearly of natural temperature, but quite insensible to pinching or pricking. Any pressure of the muscles, on the other hand, gave him great pain, and caused him to cry out.

Frictions of lytta and alcohol were assiduously employed along the spine, ammoniated liniments were applied to the limbs, and cinchona, with wine, was liberally exhibited internally. In the course of a fortnight, the sensibility of the skin began to return, and that of the muscles to diminish. The power of the muscles also gradually returned, but inversely to the way in which it had been lost,—namely, from above downwards. He was never able, however, to raise himself up on his feet. This amelioration continued but for a very short time, and he was soon as bad as ever. Blisters along the spine were added to the former measures. On the 3d of November, he became suddenly incommode in his breathing; his pulse quickened; his countenance became anxious; he had cough: the intercostal muscles seemed scarce-

ly to move. In this state he lingered till the 7th of the same month, when he expired without any struggle.

Dissection.—The spinal canal was opened throughout its whole extent. There was very little blood in the venous sinuses. The dura mater in its natural state. The pia mater was sprinkled with calcareous depositions in the lumbar region, and was finely injected. The roots of the lumbar and sacral nerves, as also the great sciatic, were injected with black blood. The other nerves were very minutely examined, but nothing particular was observed. The spinal marrow was rather firmer than natural, and the same might be said of the medulla oblongata and brain. The lungs were filled with tuberculous matters, and there were some small abscesses. The heart was empty and flaccid. The whole of the abdominal viscera were sound. The muscles presented no appearance different from those of a person in health, except being more pale and flaccid.

The foregoing case will show with what a thick veil the functions and diseases of the nervous system are covered. What was the nature of the malady? Was it inflammatory,—or was it the reverse?—*Clinique.*

III.

PROLAPSUS ANI TREATED AFTER THE MANNER OF MR. HEY.

By Dr. McFARLANE.

THE subject of the following case was 54 years of age. On every attempt to evacuate the bowels, the

gut descended about two inches, and the patient experienced much pain and tenesmus. At other times, a prolapsus was induced by an erect posture; and a recumbent position and gentle pressure were always necessary to produce reduction. Frequent hemorrhage from the part, and the constant irritation, had considerably impaired his general health. Under these circumstances, Dr. McF. goes on to say :—

On examining the anus after the gut was replaced, the surrounding integuments were found extremely relaxed. There existed such an unnatural looseness in the attachment of the skin around the anus, to its corresponding cellular membrane, that it could be easily drawn out with the fingers, in the form of one or more large flaps. Having succeeded in two similar cases, which came under my care in the Royal Infirmary, during the summer of 1826, in completely curing the disease, by cutting off the loose integuments, as recommended by the late Mr. Hey,* I determined to try it in this case. The skin was drawn as far out as possible into broad flaps, and cut off with the scissors in a circular direction, until all the superfluous integument was removed, including a portion of the livid and tuberculated fold of mucous membrane which was projected from within the sphincter. The pain was trifling, and only a few drops of blood were lost. A soft compress and T bandage were applied, and he was strictly confined to bed. For a few days, a par-

tial procidentia took place, on every attempt to go to stool. He had a good deal of pain and inflammation around the anus, attended with complete retention of urine, which required the frequent introduction of the catheter. In ten days after the operation, he was able to walk about, and void his stools, without any return of the disease, and in three weeks he was perfectly cured. Pressure was continued to the part for some time longer,—occasional doses of castor oil were prescribed, and he was enjoined to avoid straining at stool.

There will generally be found in obstinate and long-continued forms of this disease, a great relaxation in the connexion of the rectum, at its lower part, with the surrounding textures. This circumstance, although it may not be the original cause, is sufficient, in many cases, to account for the continuance of the displacement in chronic and inveterate cases, although I believe it is generally accompanied by a diminished power of the sphincter. If the rectum, in consequence of being much irritated, as in various bowel complaints, ultimately becomes relaxed, the tenesmus, which is an invariable attendant, may so overcome the sphincter, as to give rise to a procidentia. But when, as in the case now detailed, the erect position is sufficient to cause a descent of the gut, we have grounds for believing, that besides the relaxed state of the rectum, there exists a want of power in the sphincter muscle, which part, along with the levator ani, is mainly instrumental in maintaining the rectum in its natural situation. In the cases de-

* "Practical Observations in Surgery, 2d edit., p. 444."

tailed by Mr. Hey, there existed, in combination with relaxation of the integuments, one or more livid tubercles at the verge of the anus, which were also removed. He expected, from this operation, that inflammation of the surrounding cellular texture would be excited, the attachments of the rectum consolidated, and the power of the sphincter improved. In a majority of cases, the disease will be found to yield (although the cure is often tedious and protracted) to the local applications and internal remedies usually employed. Should it continue, however, as sometimes happens, after the exciting cause has been removed, we will occasionally find that the loose state of the skin around the anus, and the relaxed attachments of the rectum, at its termination, become the primary causes of the continuance of the disease. It is, I conceive, in such circumstances, that this simple operation may be beneficially adopted.

IV.

FUNGUS HÆMATODES IN THE FÆTUS.

In the *Journal de Progrès*, tome XIV., a notice of an instance of this kind is inserted by a gentleman who signs himself Tonnelé, D. C. Tubercles, it is well known, have been found in the fœtus in utero, but we certainly are not aware that any of the genuine malignant growths have been discovered, or recorded to have been discovered, at so early a stage of human existence.

On the 9th of December, 1827, M. Tonnelé was summoned to assist two of his confrères in con-

ducting to its termination a protracted labor, in which the back of the child presented. On our author's arrival, he found that the feet had with difficulty been brought into the vagina, that the uterus was in a state of complete inactivity, and that the waters had been discharged a long time previously. By the joint exertions of all engaged, the whole of the child, except the head, was delivered, but the uterus could not be prevailed on to contract, and the final extraction was only accomplished at last by means of the blunt hook introduced into the mouth of the fœtus, after the forceps had failed. The child was hydrocephalic, but what excited most attention was an enormous tumor of fungus hæmatodes, attached to the right parietal bone, and forming a kind of double head. The base or origin of this medullary tumor appeared to be seated in the osseous tissue of the cranium, which it perforated like a sieve; the dura mater was sound. The serum contained in the cranium might be estimated at about a pint, and the cerebral substance was soft, and macerated in appearance.

The mother of the child was thirty years of age; the father, eighty, but stouter and stronger than many men at sixty. Neither of the parents had ever labored under any cancerous affection. We are satisfied, from the description, that the above was really a case of fungus hæmatodes, as we have witnessed several such tumors in adults, and in every case they had their origin in the cranial bones, more especially the di-

plotted. As we before observed, we are not aware that medullary sarcoma has hitherto been discovered in the human infant prior to its entrance into "this piping world."—*Med. Chir. Rev.*

SKETCHES OF PERIODICAL LITERATURE.

TRANSFERRED DISEASES.

It is a remark of Dr. Good, that the practitioner who should undertake to trace out the sympathies which the various organs of the body have with each other, would find his time well employed, and his labor rewarded; and there is certainly nothing more curious in medical records, than the accounts of the transfer of disease from one organ or set of organs to another. A case illustrating this part of pathology is recorded in one of the late English periodicals. The patient, a female, aged 15 years, irregular in menstruation, and otherwise unhealthy, was admitted into the Winchester County Hospital, with cataract of both eyes, which had formed in the very short period of twenty days. Alterative and tonic treatment was commenced, and at the end of three weeks the opacity had so far diminished, that she was able to discern objects placed between the eye and the light of a window. At this time she was discovered to have increased urinary secretions, and the usual symptoms of diabetes. This continued, with scarce any abatement, for a week, during which time she passed from thirteen to sixteen pints of urine daily. The cataracts had now totally disappeared, so that she was able to use her needle. The diabetes

now began to diminish, and at the end of a fortnight more the quantity of urine was again natural.

The patient now left the hospital, apparently suffering from debility only. Almost immediately after her departure, the obscurity of vision returned, and at the end of a week she became entirely blind. To this again succeeded diabetes, and again the sight improved until it became as perfect as ever. The quantity of urine continued to increase, until it reached a daily average of twenty pints, when the patient became exhausted by the disease, and rapidly sunk. Death took place about four weeks after the recurrence of the diabetes. No examination was made.

CONSTIPATION.

In ordinary cases requiring intestinal evacuation, there are various substances which offer themselves to the medical practitioner, among which he can make choice according to his experience of their convenience or utility, and any of which will effect the object desired. But in cases of severe and protracted constipation, in which any farther delay will be attended with great suffering and hazard to the patient, it becomes an exceedingly important question what remedy shall be selected, to what extent it shall be given, and how long it shall be persevered in before

it is decided to be incapable of fulfilling the object. Where such cases have occurred, therefore, and have been relieved, it is very desirable particularly to record the means which were found insufficient, and also those which proved eventually successful.

In a case which lately occurred in England, in the Bath Hospital, the patient was a female, 24 years of age. It appeared that a tendency to costiveness had long existed in this patient, but had been controlled by aperients without difficulty, till within a year; during which time the action of the bowels had been very irregular, intervals of eight or ten days sometimes occurring between the evacuations, and much less influenced by medicine than before. At the period of her admission into the hospital, she had had no stool for thirteen weeks. Her diet had been bread and milk, to an amount not exceeding eight or ten ounces daily. During this time she had taken calomel, jalap, salts, gamboge, and aloes, in different combinations. Elaterium and ol. croton had also been given. The latter article had been carried to the extent of four minims, and then omitted, as it produced great pain. The following prescription was ordered:—

R. Ext. Col. Co. gr. v.
Ol. Croc. gtt. 1-4. M.

This was given every four hours, with magnes. sulph. 3i., and frequent injections of soap and water. At the end of seven days, no operation having occurred, the ol. croc. was exchanged for subm. hyd. gr. i., and the pills and mixture ordered

every four hours. On the 12th day of the disease, one stool was obtained. Eight days afterward the mouth became affected, and the calomel was omitted. No stool. Ordered a small bleeding, and pulv. jalap, com. ʒi.—3ss. ter die. Enemata to be continued. At the end of eight days more, another motion was obtained, which, like the preceding, was scybalous. The following was then ordered:—

R. Ext. Col. Co. gr. x.
Ol. Croc. gtt. ss.
Ext. Hyosc. gr. iij. M.

To be taken thrice daily, with sulph. magnes. 3i. In the course of the succeeding month, four scybalous stools were obtained, and one which was pulpy and of some consistence. The cathartic was altered to the following:—

R. Ext. Col. Co. gr. ix.
Gambogiae gr. i.
Ol. Croc. gtt. ss. M.

to take thrice daily, with sulph. magnes. u. a. This direction was continued, with little variation, for six weeks more, during which time she had ten motions, some of them wholly scybalous, and some of natural character. Another month passed under nearly similar treatment, the discharges becoming more frequent, and of better character. During the following six months, the longest interval between the dejections was one of three weeks, and the bowels could generally be made to act under the use of moderate stimuli.

DEPLETION IN INFLAMMATORY DISEASE.

DR. MARSHALL HALL, in a late work on Sanguineous Depletion, urges the

necessity of adopting some standard by which to regulate the amount of blood to be drawn in various cases of disease. Dr. H. observes that the amount of sanguineous depletion which can be borne without producing syncope, varies very greatly in different cases. In pleuritis, for instance, a patient will bear the loss of from twenty to thirty ounces of blood; while the same individual, when laboring under pneumonia, or affected with simple fever, will faint after the abstraction of one third the amount. Dr. H. thinks it unsafe, under any circumstances, to bleed to syncope in a horizontal posture. The plan which he recommends as a general one, is to place the patient in a chair, or upright in bed, and bleed in that position until syncope is induced. There will then be little danger of this state being protracted to an

alarming extent; since it will be sufficient for the patient to be placed with the head low, in order to secure a return of animation.

The above direction is a convenient one in a practical view, and may doubtless be applied to a considerable proportion of the cases which require this remedy. A change in the character of the pulse, which is often laid down as a criterion for determining the point alluded to, is a very fallacious guide. It often happens that neither the frequency nor the force of the pulse is materially affected, until the approach of syncope. Occasionally, where bleeding is employed for the relief of pain, the cessation of this may afford a sufficient reason for its discontinuance; but, in the majority of cases, the rule laid down by Dr. H. will be found the most useful.

BOSTON, TUESDAY, DECEMBER 22, 1829.

PHYSICAL EFFECTS OF HABITS OF INTOXICATION.

AMONG the various means by which men in all ages and countries have strove to degrade and debase their own natures, none probably has been more generally adopted, or more effectual, than that of intoxication with spirituous liquors. Other degrading habits are limited by their own nature, and by the rules of society, which oblige them to be practised, if at all, in utter secrecy, or by the direct operation of human enactment. Drunkenness stalks abroad in the face of society, meets us in the social circle and in the open street, and

proceeds unchecked by human laws, unless it urge to the commission of acts which on other grounds are regarded as criminal. We do not look for it to other times or to distant nations. We have it constantly with us, polluting our high-ways with its noisome presence, and offending our sight at almost every step. That so glaring an evil should have attracted the notice of the divine and the moralist, is not surprising; we wonder not that they have launched their anathemas against it from the pulpit and the press: but we may feel some degree of surprise that so little interest in this subject has been

manifested by the physiologist and the physician ; that these should not, by investigating its causes and devising means for its cure, have coöperated more earnestly with the former, and lent their aid toward the destruction of the common enemy. We hope that this reproach on the medical faculty will soon cease to exist, and that, by the labors of the wise and good in this profession, something may ere long be effected toward the accomplishment of so desirable an object.

Drunkenness may be considered under the following heads, viz :—1. Its causes.—2. The phenomena by which its presence is indicated.—3. Its immediate and remote effects on the system.—4. Its prevention and cure.—The following remarks will regard principally the first and last of these topics, as it is from the consideration and due understanding of these that we are to expect the most important practical results.

That a taste for spirituous liquors is acquired, and not natural, may be inferred from the aversion which infants and young children usually testify against them ; and with many, perhaps the majority of persons, the taste of *pure* wine or spirit continues in after life to be more or less disagreeable. An exception to this remark is to be found in the sweet wines, particularly those containing carbonic acid, and in cordials ; in which the taste of the spirit is disguised by the saccharine ingredient. A fondness for wine, however, may be acquired at a very early period ; and the questionable practice of indulging young children in the use of

it is certainly too general. In this way, one of the barriers to intemperance is early removed ; the habit of using this stimulus commences as it were with the cradle, and the progress of time naturally serves to confirm it.

A more effectual method, however, of overcoming this inherent aversion to liquor, is adopted with mistaken kindness by the inconsiderate and ignorant. It is not an uncommon practice, among the lower orders of the Irish, to treat their children with small quantities of their own favorite beverage ; and lest their inexperienced appetites should revolt at the draught, care is taken to add sufficient sugar to disguise its real taste ; and thus the fondness for this article, which was implanted for the wisest purposes, is made a lure to induce them to receive what their very instinct pronounces to be a poison.

Those who escape the dangers of childhood are reserved for other and greater perils in youth. The temptation comes to the higher classes through the medium of convivial meetings, in which indulgence in drinking is at once the cause and the consequence of social feeling. Even those who dislike, cannot refuse the potation ; and what was at first taken under the influence of excitement, comes soon to be resorted to as a means of recalling a similar elevation. Fortunately, the rules of society attach a stigma to the occurrence of absolute drunkenness, even at convivial meetings, and he who would preserve the respect of his acquaintance, must even in ebr-

ty keep within certain limits. But this check, though a strong one, is not always sufficient; and he who has learned to enjoy drinking for its own sake, may, when shame or necessity compel him to restrain his appetite in the presence of others, indemnify himself for this privation in the solitude of his own apartment, where he can practise, without control, the fatal lessons he has received in scenes of social gaiety.

But if the progress from moderate to excessive indulgence is thus easily made by the refined sensualist, it is far more easy in another portion of society, in whom the restraint is less, while the temptation is immeasurably greater. The laborer finds in ardent spirits a temporary defence against his worst enemies, cold and hunger. When fatigued by labor, they restore his strength; when without employment, they serve to banish the tedium of absolute idleness. A certain degree of indulgence in spirit becomes, therefore, to the laboring class, almost a matter of necessity; drinking is an affair of daily occurrence, and the gradual increase of the potation leads on to confirmed and inveterate drunkenness.

Another cause of intemperance, common to all classes, may be found in the depression of spirits consequent on misfortune. The loss of friends or of wealth, the disappointment of long-cherished hopes, drive many unfortunate persons to indulgence in ardent spirit as a means of drowning sorrow. This class of drunkards is surely the most to be pitied.

The prevention of drunkenness is

evidently to be sought for in the removal of those causes which have been mentioned as leading to it. The practice of giving liquor to children is strongly to be reprobated; they should on no account be indulged in the use of it, even in the most moderate degree; since the very aversion which the taste of the article, when unsophisticated, inspires, may be the means of saving many from the miseries incident to its use;—to remove it, therefore, by this early initiation into the practice, is scarcely less than madness. For the rest, that species of drunkenness which is the consequence of social indulgence can only be prevented by avoiding scenes of dissipation: and in those who are betrayed into it by the habits of manual labor, which seem to demand such a support, a conviction must if possible be created, that no actual increase of corporeal vigor can be obtained by such means; that their potations, instead of strengthening, actually weaken them; that, while they produce an excitement of the brain which impels them to put forth more than the usual amount of muscular force, they waste this force in a far greater degree than they call it into exercise. To the depressed and unfortunate, the means of preventing this habit are also open; they consist in a due regulation of the mind, in resisting the influence of despondence, and in seeking new channels of industry and exertion.

The remaining topic, and by far the most interesting which presents itself in connection with this subject, is that of arresting this vice in its

progress,—of curing, in other words, the disease of drunkenness. Those which have been proposed for this purpose may be arranged in two general classes, namely, the physical and the moral; and it has been, perhaps, by adopting one of these classes of remedies to the exclusion of the other, that both have so often proved unavailing.

Before considering, however, the advantage to be derived from their combination, an important question presents itself. How far is it safe, supposing it can be effected, to put a sudden check to a course of intemperance, which has continued for a considerable time? Does not the system at last become so habituated to the indulgence, that it cannot be given up without danger to life?—If so, after what period does this state of the system occur, and by what symptoms is it recognised?

We have said that this question was an important one. It seems peculiarly so when we consider, that in many cases of confirmed drunkenness, almost the only hope of cure is presented by the chance of giving the system some sudden shock, by which the habit may at once be broken up; and if this course is attended with imminent danger to life, the physician or friend will be compelled, in such case, to leave the individual to his fate, since, of however little value his life may be under such circumstances, he cannot be justified in taking it from him. What then is the amount of evidence by which such a state of things, at any assigned period of the drunkard's progress, is made out?

The ground which is taken by the advisers of moderate measures, in the cases alluded to, seems to be this;—that there are certain states of the system, induced by the continued action of morbid agents, which cause the sudden cessation of these actions to be attended with danger. Thus it is said that persons accustomed to the noisome atmosphere of a dungeon, have borne with difficulty a sudden transfer to a purer medium; and that those who have become climated in an unhealthy country, contract diseases on removing to other regions. From these and similar facts it is argued, that however morbid may be the actions of the system which result from intemperance, the constitution becomes at length inured to these actions, and they cannot suddenly be interrupted without imminent hazard.

This argument, although specious, will not, perhaps, on examination, be found altogether conclusive; for, although the malaria of a prison and the atmosphere of an unhealthy climate are in general noxious agents, it will not be contended that they are so in the instances cited. Instead of acting as poisons, they have, by the supposition, become necessary to the health. If it were necessary to seek, in the influence of atmosphere, an example analogous to that of intemperance, we should select a better one, perhaps, in the instance of intermittents from marsh miasma. The case of a person suffering from tertian or quartan ague, is not very different from that of the periodical drunkard, who permits an interval of three or four days to

elapse between his potations; and drunkards of this sort are not exceedingly rare. Yet we should much question the judgment of that practitioner who should caution the patient with intermittent against changing his situation, lest the attacks of ague should suddenly cease, and thus his system be deprived of its accustomed revolutions. If indeed our judgment on this subject is to be formed from analogy, perhaps a better one may be found in the influence of some other morbid poisons, the habitual actions of which on the system are the necessary condition of certain kinds of occupation, or from peculiar circumstances have been found common to a large number of persons. Numbers of workmen, as is well known, are constantly employed in separating quicksilver from its ores, and the consequence of a constant contact with this substance is the ruin of their health; but we never hear of their suffering from being removed from these influences, though a circumstance not likely, if true, to have escaped observation. Individuals habitually using wines adulterated with lead may be supposed to become at length accustomed to their influence; yet we apprehend little caution would be thought necessary in directing such persons to abandon so perilous a habit. Painters become, in a certain sense, habituated to the same metal; yet we should hardly think of giving such advice to one who was recovering from colica pictonum, as would render probable the return of the disease, lest the too sudden abandonment of the system by such a

companion should prove an injurious change. Is it urged that in these cases the organic and not the nervous system is concerned; we might still adduce more appropriate instances. Those engaged in manipulations in which narcotic substances are employed, are known to be unfavorably affected by their influence. But we doubt whether a change of occupation, in such persons, has ever been found to produce those fatal effects which might, on this theory, be expected from it, and we are certainly inclined to believe the contrary.

We may perhaps pursue this inquiry more profitably, however, by considering the peculiar symptoms of that stage of drunkenness to which, if to any, the argument is applicable. It is acknowledged on all hands, that so long as the indulgence in liquor is but occasional, so long as it cannot be called a habit, the danger from its omission is too trifling to be regarded. On the other hand, it is conceded that when, from long-continued intemperance, structural changes have been produced, such as occur in the liver and other viscera, the stimulant must be discontinued at all hazards. The state between these,—that in which intoxication is confirmed into a habit, but without having as yet produced its worst effects on the constitution,—is the critical period. At this period the drunkard experiences his periodical cravings for his dram,—that inward gnawing which cannot be borne, and which must be relieved, and can be relieved only by renewing the inebriating draught. If this were indeed the only condition of escape from

the suffering of this state, the condition of the drunkard would be truly deplorable ; since the inevitable effect of drinking would thus become its necessary cause. But this is certainly not the case ; for the most inveterate drinker will often allow this state to subside, as it will at length of its own accord, or relieve it by other means, and will wait till the balance of his system is restored and his strength renewed, before he ventures to repeat the indulgence. That a certain craving sensation is the immediate consequence of a fit of intemperance, is in the great proportion of cases undoubtedly true ; but to confound this with the morbid appetite which induced the indulgence, is, we apprehend, a serious error. The drunkard, in repeating his draught, is not always impelled to it by a necessity arising from the reaction which succeeds his last potation : this reaction brings with it repentance and loathing ; and often it is not till these have passed away, that the desire for liquor returns,—a desire which his resolution is not able to withstand.

Admitting, then, what cannot be denied, that the drunkard who is used to periodical libations will, at the return of certain periods, feel an almost irresistible longing for his usual gratification, it by no means follows that the resistance of this longing, even to the entire omission of the stimulus, will be followed by any dangerous consequence ; on the contrary, both reason and experience teach that if successfully resisted in one instance, the temptation will recur each time with less power, and

at length entirely cease. That no ill consequences follow the omission in these cases, is confessedly not proved, and is perhaps incapable of proof ; but the cases where such have been supposed to occur are very few, and by no means sufficiently decisive to warrant the inference that such omission is attended with serious danger.

But defective as the supposition alluded to is in point of argument, it is still in accordance with a common prejudice ; and if the drunkard could be made to give up his potations by degrees, the end in view would be equally obtained, and perhaps with less suffering on his part than if they were at once to be abandoned. But it is in the practical application of the theory that the main difficulty lies. Many ingenious expedients are indeed recorded by which the victim of intoxication has been induced to abridge, from day to day, the quantity of his liquor. But, for the most part, such expedients always have, and, from the nature of things, always must prove futile. The drunkard cannot renounce his habits by degrees. He cannot day after day repeat the labor of self-denial, which is as essentially necessary to a reduction, as to a total omission of his draught. Nor would he find, we imagine, in the diminished quantity, a charm to dissipate completely that uneasy sensation from which so much danger is dreaded. This sensation is a feeling of pain, and unless enough be taken to stupify it, will not be effectually relieved. There will still remain a desire for more ; and this, if resisted ten times and then yielded

to once, will undo in a moment the work of so much time and labor.

It is then alike the dictate of reason and of experience, that the drunkard should stop short in his career, at whatever point of his downward course he may have arrived, and at once forsake the habit which is hurrying him to ruin. The effort to do this will of course result principally from his own resolution; but no inconsiderable aid for this purpose can be afforded him by his friend or medical adviser. *He* will set before him, in strong language, the tremendous consequences of the course he is pursuing; the loss of health, of reputation, of domestic comfort, of everything which makes life valuable, and in fine of life itself. This indeed is all which, until of late, it seems to have been thought possible to do for the drunkard, and when these failed, he was to be left to his fate. Recently, however, another indication for the cure of intemperance has been suggested, which has been acted on with considerable success, viz., that of inspiring a disgust for the liquor, by administering it in union with some article disgusting in taste, or disagreeable and painful in its effects, and especially with such as possess an emetic property. On this principle certain popular compounds have been formed, containing antimony, or some other emetic, as their principal ingredient, combined with some article capable of communicating to the whole a distinct and peculiar flavor. A certain quantity of this compound being added to the favorite liquor, causes it to produce

vomiting and nausea; the recollection of which being associated with the spirit, is intended to inspire the drunkard with a lasting aversion for the latter. Whether the circumstance of sapidity in the article employed would favor this effect, might well be doubted; since the peculiar taste, against which the disgust is inspired, is not that of the liquor itself, but of something distinct from it, and would therefore seem less likely to produce the desired effect. In practice, however, sapid articles have obtained the preference.

With respect to the probability of a cure from this mode of treatment, we seem scarce able as yet to form a decisive judgment. In many instances its success has been unequivocal and entire; the individuals having contracted so complete a disgust for spirit, as never to have tasted it afterward. In a greater number this effect has been temporary, lasting for months or weeks only, while in some, little or no effect has been produced. The conclusion which may be gathered from the reports of the most intelligent persons who have made trial of this method, seems to be this;—that where the moral powers are strong, where the individual has been capable of reflection and possessed of some decision of character, these have stood him in stead against the diminished temptation; so that, though the mere animal disgust would ere long be effaced, time will in the mean time have been afforded to the patient to experience the advantage of regular habits, and for a moral energy to be awakened adequate to prevent him from incur-

ring a second time the danger he has once escaped,—while on the other hand, in the man of a feeble mind, and without force of character, the temptation will gradually regain all its original power, and the habit re-assume its pristine dominion.

VACCINE MATTER.

THE French Academy of Medical Science approve of a method of preserving this substance for transportation, by enclosing a quill, prepared in the usual manner and dipped in it, in another quill of similar shape and size, both having been cut so as to retain at their largest end a portion of solid substance, sufficient to exclude the air. In this way it is said the matter may be preserved a long time, if taken as early as the *fifth* or *sixth* day, before it has lost its aqueous character. If taken later, it is said to have more tendency to decomposition. We have often seen this mode adopted as a convenient one for transporting matter; but where preservation for a considerable time is required, the old method of enclosing the fresh virus between two plates of glass seems to us preferable. Whichever mode is adopted, an external covering is requisite as a preservative from light.

Variolaria.—A very valuable addition is now making to the materia

medica by the foreign chemists, though we believe that it has not yet found its way to England. It consists in the use of variolaria as a substitute for quinine. This species of lichen grows in abundance on the bark of the beech trees in mountainous districts; and, from experiments, we believe, first tried by M. Cassebeer, it is proved to have the same febrifuge qualities as the Peruvian bark.—*English Paper.*

Transfusion.—The unfortunate man who yesterday underwent the operation of having blood transfused into his veins by Mr. Green, at St. Thomas's Hospital, as the only means left to restore his life, sank under exhaustion, and died yesterday afternoon at three o'clock.—The last successful case of transfusion of blood was performed upon a lady at Walworth by Dr. Blundell, on the 7th of December, 1828.—*Id.*

The Siamese Brothers.—These twins arrived in London, in good health, on the 20th of November. An account of them, drawn apparently from that of Dr. Warren, has been presented to the French Academy by Dr. Niles, of Paris,—formerly of this city. A report on the subject has been delivered by M. Geoffroy St. Hilaire, but the substance of this latter we have not yet learnt.—These twins are represented, in an *English Journal*, as a *native American*!

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING DECEMBER 19.

Date.	[Sex.]	Age	Disease.	Date.	[Sex.]	Age	Disease.
Dec. 10.	F.	17 yrs	rheumatic fever	14.	M.	10 mo	lung fever
11.	F.	14 mo	measles		M.	54 yrs	brain fever
	F.	37 yrs	inflammation of bladder	15.	M.	12 mo	unknown
	M.	29	consumption	16.	M.	4 yrs	worms
	M.	12 mo	infantile		M.	4	disease of the head
	M.	34 yrs	consumption	17.	F.	79	old age
12.	F.	44	typhous fever		F.	10	unknown
	M.	15 mo	measles		M.	26	accidental
	M.	7	lung fever		M.	50	disease of the heart
	F.	33 yrs	consumption		M.	30	accidental
	M.	3 1-2	croup		F.	18 mo	dropsy in the head
	F.	30	old age	18.	F.	15	do.
13.	M.	68	consumption	19.	M.	35 yrs	intemperance
	F.	57	unknown	Males, 16—Females, 11. Total, 27.			

ADVERTISEMENTS.

MEDICAL SCHOOL OF MAINE.

THE MEDICAL LECTURES at BOWDOIN COLLEGE will commence on TUESDAY, February 23, 1830. Theory and Practice of Physic, by JOHN DELAMATTER, M.D.

Anatomy and Surgery, by J. D. WELLS, M.D.

Midwifery, by JAMES MCKEEN, M.D.

Chemistry and Materia Medica, by P. CLEVELAND, M.D.

The ANATOMICAL CABINET is extensive, and very valuable.

The LIBRARY, already one of the best Medical Libraries in the United States, continues to be every year enriched by New Works, both foreign and domestic.

Every person becoming a member of this Institution, is required to present satisfactory evidence that he possesses a good moral character.

The amount of fees for admission to all the Lectures is \$50. Graduating fee, including diploma, \$10. There is no matriculating fee. The Lectures continue three months.

Degrees are conferred at the close of the Lecture term in May, and at the following Commencement of the College in September. A systematic course of instruction, embracing Recitations in all the branches of Medical Science, Demonstrations, and Lectures, will be given by the Professors, during the interval between the annual courses of Lectures.

Boarding may be obtained in the Commons Hall at a very reasonable price.

Brunswick, Dec. 4, 1829.

Dec. 15.—4teop.

NEW MEDICAL BOOKS.

JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN MCCULLOCH, M.D. F.R.S., &c. &c.

An Essay on the Diseases of the Internal Ear. By I. A. SAISSY, M.D. Translated from the French, by NATHAN R. SMITH, M.D., Professor of Surgery in the University of Maryland; with a Supplement on Diseases of the External Ear, by the Translator.

Observations on the Utility and Administration of Purgative Medicines, in several Diseases. By JAMES HAMILTON, M.D., Fellow of the Royal College of Phys-

sicians, &c. &c. From the Fifth Edinburgh Edition.

A Treatise on Pathological Anatomy. By WILLIAM E. HORNER, M.D., Adjunct Professor of Anatomy in the University of Pennsylvania, Surgeon at the Infirmary of the Philadelphia Almshouse, Member of the American Philosophical Society, &c.

Elements of Operative Surgery. Translated from the French of A. TAVERNIER, Doctor of Medicine of the Faculty of Paris, &c., with copious Notes and Additions. By S. D. GROSS, M.D.

A Treatise on the Nature, Cause and Treatment of Contagious Typhus. From the German of J. VAL DE HILDENBRAND, Imperial and Royal Counsellor, Professor of the Practice of Medicine in the University of Vienna, &c. &c. By S. D. GROSS, M.D.

An Essay on the Morbid Sensibility of the Stomach and Bowels. By JAMES JOHNSON, M.D.

Examinations in Anatomy, Physiology, Practice of Physic, Surgery, Chemistry, Materia Medica, and Pharmacy. For the Use of Students. By ROBERT HOOPER, M.D.

Dec. 22.

MORBID ANATOMY.

CARTER & HENDEE have just received,—The Morbid Anatomy of the Stomach, Bowels and Liver; illustrated by a Series of Plates from Drawings after Nature, with explanatory letter press, and a Summary of the Symptoms of the Acute and Chronic Affections of the above-named Organs. By JOHN ARMSTRONG, M.D.

The above work will be completed in six numbers, at \$6.00 each. Three numbers are already published. Subscriptions received by C. & H.

Oct. 6.

2am3m

MEMOIR OF DR. HOLYOKE.

JUST published, and for sale by CARTER & HENDEE,—A Memoir of EDWARD A. HOLYOKE, M.D. LL.D., prepared in compliance with a vote of the Essex South District Medical Society.

A TREATISE on the Scrofulous Disease, by C. G. HUFELAND, Physician to the King of Prussia, &c., translated from the French of M. Bousquet, by Charles D. Meigs, M.D., is just received and for sale by CARTER & HENDEE.

Sept. 8.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.